



4 Morse Drive • 4 Gauthier Drive • Essex Jct., VT 05452 • (802) 879-7734
 142 West Twin Oaks Terr. • 75 Eastwood Drive • So. Burlington, VT 05403 • (802) 658-0001
 115 Wellness Drive • Williston, VT 05495 • (802) 860-3343

MEMBERSHIP INFORMATION

Office Use Only:		
Membership Type: _____	Beginning Date: ____/____/____	Ending Date: ____/____/____
Corporate Code: _____	Membership Rep: __Kathleen__	Initial Payment: _____
<input type="radio"/> Renewal <input type="radio"/> New		

Primary Member #: _____ Name: _____ Street: _____ City: _____ State: _____ Zip: _____ Email: _____ Home Phone #: _____ Work Phone #: _____ Gender: _____ Birth Date: ____/____/____ Employer: _____ Emergency Contact Information Name: _____ Phone #: _____	Primary Member #: _____A Name: _____ Street: _____ City: _____ State: _____ Zip: _____ Email: _____ Home Phone #: _____ Work Phone #: _____ Gender: _____ Birth Date: ____/____/____ Employer: _____ Emergency Contact Information Name: _____ Phone #: _____
Family Member #: _____B Name: _____ Gender: _____ Birth Date: ____/____/____	Family Member #: _____C Name: _____ Gender: _____ Birth Date: ____/____/____
Family Member #: _____D Name: _____ Gender: _____ Birth Date: ____/____/____	Family Member #: _____E Name: _____ Gender: _____ Birth Date: ____/____/____

Temporary Membership Policies - I (we) understand that all payments are non-refundable.
 I (we) understand that months of membership are non-transferable.
 I (we) understand that this membership may not be placed on freeze.
 I (we) understand that violation of club policies may result in membership cancellation.
 I (we) have read the above and release of liability and agree to abide by the stated terms. **(member initials)**_____

Children Policy

I understand children under 14 may not be in the group exercise, cardio or strength training areas unless involved in a club-sponsored program. Children 13 years of age may use the strength center with written permission from their physician and a parent present. When using all other facilities in the club, children under 14 must be within arm's reach at all times. **(member initials)**_____

Physical Activity Readiness Questionnaire (PAR-Q)

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life. For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question if it applies to you.

<p>Name: _____</p> <p>Y N 1. Has your doctor ever said you have heart trouble?</p> <p>Y N 2. Do you frequently have pains in your heart and/or chest?</p> <p>Y N 3. Do you often feel faint or have spells of severe dizziness?</p> <p>Y N 4. Has a doctor ever said your blood pressure was too high?</p> <p>Y N 5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise?</p> <p>Y N 6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?</p> <p>Y N 7. Are you over age 65 and not accustomed to vigorous exercise?</p>	<p>Name: _____</p> <p>Y N 1. Has your doctor ever said you have heart trouble?</p> <p>Y N 2. Do you frequently have pains in your heart and/or chest?</p> <p>Y N 3. Do you often feel faint or have spells of severe dizziness?</p> <p>Y N 4. Has a doctor ever said your blood pressure was too high?</p> <p>Y N 5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise?</p> <p>Y N 6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?</p> <p>Y N 7. Are you over age 65 and not accustomed to vigorous exercise?</p>
<p>Name: _____</p> <p>Y N 1. Has your doctor ever said you have heart trouble?</p> <p>Y N 2. Do you frequently have pains in your heart and/or chest?</p> <p>Y N 3. Do you often feel faint or have spells of severe dizziness?</p> <p>Y N 4. Has a doctor ever said your blood pressure was too high?</p> <p>Y N 5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise?</p> <p>Y N 6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?</p> <p>Y N 7. Are you over age 65 and not accustomed to vigorous exercise?</p>	<p>Name: _____</p> <p>Y N 1. Has your doctor ever said you have heart trouble?</p> <p>Y N 2. Do you frequently have pains in your heart and/or chest?</p> <p>Y N 3. Do you often feel faint or have spells of severe dizziness?</p> <p>Y N 4. Has a doctor ever said your blood pressure was too high?</p> <p>Y N 5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise?</p> <p>Y N 6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?</p> <p>Y N 7. Are you over age 65 and not accustomed to vigorous exercise?</p>
<p>Name: _____</p> <p>Y N 1. Has your doctor ever said you have heart trouble?</p> <p>Y N 2. Do you frequently have pains in your heart and/or chest?</p> <p>Y N 3. Do you often feel faint or have spells of severe dizziness?</p> <p>Y N 4. Has a doctor ever said your blood pressure was too high?</p> <p>Y N 5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise?</p> <p>Y N 6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?</p> <p>Y N 7. Are you over age 65 and not accustomed to vigorous exercise?</p>	<p>Name: _____</p> <p>Y N 1. Has your doctor ever said you have heart trouble?</p> <p>Y N 2. Do you frequently have pains in your heart and/or chest?</p> <p>Y N 3. Do you often feel faint or have spells of severe dizziness?</p> <p>Y N 4. Has a doctor ever said your blood pressure was too high?</p> <p>Y N 5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise?</p> <p>Y N 6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?</p> <p>Y N 7. Are you over age 65 and not accustomed to vigorous exercise?</p>

If you answered yes to one or more questions:

If you have not recently done so, consult with your physician by phone or in person before increasing physical activity and/or taking a fitness appraisal. Tell your physician what questions you answered "yes" on PAR-Q.

After medical evaluation, seek advice from your physician as to your suitability for:

*Unrestricted physical activity starting off slowly and progressing gradually and restricted or supervised activity to meet your specific needs at least on an initial basis.

If you answered no to all questions:

If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for:

*A graduated exercise program – a gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort and;

*A fitness appraisal

Release of Liability

In consideration of being allowed to participate in any way in the Sports & Fitness Edge, Inc. program, membership, relates events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest employee or volunteer immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next kin, hereby release and hold harmless Racquet's Edge, Twin Oaks, Sports and Fitness Edge, their offices, employees, and other participants, sponsoring agencies, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARTICIPANT'S SIGNATURE) _____ **(DATE)** _____

PARENT'S SIGNATURE IS REQUIRED IF PARTICIPANT IS UNDER 18 AT TIME OF REGISTRATION.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law.

(PARTICIPANT'S SIGNATURE) _____ **(DATE)** _____